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## TRANSMITTAL LETTER TO THE UNITED STATES RECEIVING OFFICE

Express Mail mailing number: EV 519280371 US	Date of deposit:
File reference no.: MDC-P-0005P (51298-00008)	International application no. (if known): PCT/US2004/035361
Title of the invention: GAMMA-TOCOPHEROL THERAPY FOR RESTENOSIS PREVENTION	
Earliest priority date claimed (Day/Month/Year): 21 Oct 2003	

 This is a new International Application

## SCREENING DISCLOSURE INFORMATION:

In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied. (check as many boxes as apply):

- The invention disclosed was not made in the United States of America.
- There is no prior U.S. application relating to this invention.
- The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. (NOTE: priority to these applications may or may not be claimed on the Request (form PCT/RO/101) and this listing does not constitute a claim for priority.)

application no.	filed on
application no.	filed on

- The present international application contains additional subject matter not found in the prior U.S. application(s) identified above. The additional subject matter is found on pages \_\_\_\_\_ and  DOES NOT ALTER  MIGHT BE CONSIDERED TO ALTER the general nature of the invention in a manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 C.F.R. 5.15.

## Itemized list of contents

Sheets of Request form:	Check no.: \$773.00
Sheets of description (excluding sequence listing):	Return receipt postcard: Yes
Sheets of claims:	Power of attorney: Yes
Sheets of abstract:	Certified copy of priority document (specify):
Sheets of drawings:	Other (specify): PCT Chapter II - Demand
Sheets of sequence listing:	
Sequence listing diskette/CD:	
Tables related to sequence listing CD:	

The person signing this form is:	<input type="checkbox"/> Applicant	Name of person signing <i>Louis C. Ballman</i>
	<input checked="" type="checkbox"/> Attorney/Agent (Reg. No.) 39,645	
	<input type="checkbox"/> Common Representative	

This collection of information is required by 37 CFR 1.10 and 1.412. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PCT

## FEE CALCULATION SHEET

## Annex to the Demand

International application No.	PCT/US2004/035361	For International Preliminary Examining Authority use only																
Applicant's or agent's file reference	51298-00008	Date stamp of the IPEA																
<p>Applicant  <b>MEDLOGICS DEVICE CORPORATION</b></p>																		
<p><b>CALCULATION OF PRESCRIBED FEES</b></p>																		
1. Preliminary examination fee .....	600.00	P																
2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....	173.00	H																
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	773.00	TOTAL																
<p><b>MODE OF PAYMENT</b></p> <table> <tr> <td><input type="checkbox"/></td> <td>authorization to charge deposit account with the IPEA (see below)</td> <td><input type="checkbox"/></td> <td>cash</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>cheque</td> <td><input type="checkbox"/></td> <td>revenue stamps</td> </tr> <tr> <td><input type="checkbox"/></td> <td>postal money order</td> <td><input type="checkbox"/></td> <td>coupons</td> </tr> <tr> <td><input type="checkbox"/></td> <td>bank draft</td> <td><input type="checkbox"/></td> <td>other (<i>specify</i>): _____</td> </tr> </table>			<input type="checkbox"/>	authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/>	cash	<input checked="" type="checkbox"/>	cheque	<input type="checkbox"/>	revenue stamps	<input type="checkbox"/>	postal money order	<input type="checkbox"/>	coupons	<input type="checkbox"/>	bank draft	<input type="checkbox"/>	other ( <i>specify</i> ): _____
<input type="checkbox"/>	authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/>	cash															
<input checked="" type="checkbox"/>	cheque	<input type="checkbox"/>	revenue stamps															
<input type="checkbox"/>	postal money order	<input type="checkbox"/>	coupons															
<input type="checkbox"/>	bank draft	<input type="checkbox"/>	other ( <i>specify</i> ): _____															
<p><b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b>  <i>(This mode of payment may not be available at all IPEAs)</i></p>																		
<p><input type="checkbox"/> Authorization to charge the total fees indicated above.</p> <p><input checked="" type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.</p>																		
<p>IPEA/ US            Deposit Account No. 50-3207            Date: <i>6/9/04</i>            Name: <i>Louis C. Cullman</i>            Signature: _____</p>																		

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ US

**PCT**

**CHAPTER II**

**DEMAND**

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only

Identification of IPEA

Date of receipt of DEMAND

<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>		Applicant's or agent's file reference <b>51298-00008</b>
International application No. <b>PCT/US2004/035361</b>	International filing date (day/month/year) <b>21 October 2004</b>	(Earliest) Priority date (day/month/year) <b>21 October 2003</b>
Title of invention <b>Gamma-Tocopherol Therapy for Restenosis Prevention</b>		
<b>Box No. II APPLICANT(S)</b>		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>MEDLOGICS DEVICE CORPORATION 3589 Westwind Blvd. Santa Rosa, California 95403 United States of America</b>		Telephone No. <b>(707) 545-5700</b>
		Facsimile No. <b>(707) 545-8450</b>
		Teleprinter No.
		Applicant's registration No. with the Office
State (that is, country) of nationality: <b>USA</b>	State (that is, country) of residence: <b>USA</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>LARRICK, James W. 2462 Wyandotte Street Mountain View, California 94043 USA</b>		
State (that is, country) of nationality: <b>USA</b>	State (that is, country) of residence: <b>USA</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>James C. Peacock III 3317 Melendy Drive San Carlos, California 94070 USA</b>		
State (that is, country) of nationality: <b>USA</b>	State (that is, country) of residence: <b>USA</b>	
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.		

## Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is  agent  common representative

and  has been appointed earlier and represents the applicant(s) also for international preliminary examination.

is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation.  
The address must include postal code and name of country.)

WINGER, C. Rachal  
Preston Gates & Ellis, LLP  
925 Fourth Avenue  
Suite 2900  
Seattle, Washington 98104-1158  
USA

Telephone No.  
206-623-7580

Faxsimile No.  
206-623-7022

Teleprinter No.

Agent's registration No. with the Office  
55,815

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

## Statement concerning amendments:\*

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed  
the description  as originally filed  
                           as amended under Article 34  
the claims  as originally filed  
                           as amended under Article 19 (together with any accompanying statement)  
                           as amended under Article 34  
the drawings  as originally filed  
                           as amended under Article 34

2.  The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.  
3.  Where the IPEA wishes to start the international preliminary examination at the same time as the international search in accordance with Rule 69.1(b), the applicant requests the IPEA to postpone the start of the international preliminary examination until the expiration of the applicable time limit under Rule 69.1(d).  
4.  The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54 bis.1(a).

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

## Language for the purposes of international preliminary examination: .....

- which is the language in which the international application was filed.
- which is the language of a translation furnished for the purposes of international search.
- which is the language of publication of the international application.
- which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

## Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.